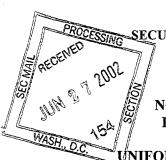
FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

7-	γ						
/	<i>' </i>						
	OMB	Number:	3235-0				
				1, 2002			
	00						
	0	2048321					
	Pre	fix		Serial			

DATE RECEIVED

Name of Offering (
RLACK DIAMOND CONVERTIBLE ILLTD - offering of Restricted and Unrestricted Participating Shares							
Filing Under (Check box(es) that apply	y): □ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	☐ ULOE		
Type of Filing: ☐ New Filing	☐ Amendment						
	A. BASI	C IDENTIFICATI	ON DATA				
1. Enter the information requested about	out the issuer						
	n amendment and name	has changed, and ir	dicate change.)				
BLACK DIAMOND CONVERTIBI	LE II LTD.		· · · · · · · · · · · · · · · · · · ·				
Address of Executive Offices (Number and Street, City	y, State, Zip Code)	To	elephone Number (Incl	luding Area Code)		
P.O. Box 852, UBS House, 227 Elgin A	P.O. Box 852, UBS House, 227 Elgin Av., George Town, Grand Cayman, Cayman Islands 345-914-1067						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)					luding Area Code)		
(if different from Executive Offices)							
Brief Description of Business							
Investments							
Type of Business Organization					CESSED		
<u> </u>	partnership, already for	_	r (please specif		P		
☐ business trust ☐ limited	partnership, to be form	ed exempt	ed company lin	nited by shares	1 8 2002		
		Month	Year				
Actual or Estimated Date of Incorpora	tion or Organization:	0 1	0 2		MSON□ Estimated		
Jurisdiction of Incorporation or Organi	zation:	(Enter two-letter U.	S. Postal Service	e abbreviation for Stat	NCIAL		
,		CM for Comodo, EM	for other forcis	m inmindiation)			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Carlson, Clint Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 852, UBS House, 227 Elgin Av., George Town, Grand Cayman, Cayman Islands ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) de Pfyffer, Louis-Frederic Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 852, UBS House, 227 Elgin Av., George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Wells, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 852, UBS House, 227 Elgin Av., George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: □ Promoter □ Director ☐ General and/or □ Beneficial Owner □ Executive Officer Managing Partner Full Name (Last name first, if individual) **Teacher Retirement System of Texas** Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Red River Road, Austin, TX 78701 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) IPS Absolute Returns Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Fortis Funds 1 Berg Arrarat, PO Box 3889, Netherlands Antilles □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. II	NFORMA	TION AE	OUT OF	FERING				
1.	Has the is	suer sold	or does the	issuer int	tend to sel	to non-ac	credited i	nvestors in	this offer	ing?			Yes No ····· □ ⊠
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							⊔ Ы					
2.									\$50,000				
3.									Yes No				
<i>4</i> .	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission												
	or similar listed is an of the bro	remunera n associate ker or dea	tion for soled person of ler. If mor n for that b	icitation of a agent of e than five	of purchase a broker of (5) perso	ers in conn or dealer re ns to be lis	ection wit gistered w	h sales of soith the SE	securities i C and/or v	n the offer vith a state	ing. If a p or states,	erson to list the n	be ame
Ful	l Name (La	st name fi	rst, if indiv	ridual)									
Bus	siness or Re	esidence A	ddress (Nu	ımber and	Street, Ci	ty, State, Z	ip Code)				· ·		
Naı	me of Assoc	ciated Bro	ker or Dea	ler	· "		<u>-</u>						
Sta	tes in Whic	h Person I	Listed Has	Solicited of	or Intends	to Solicit I	urchasers	<u> </u>					
(Cł	neck "All St	ates" or ch	neck indivi	dual State	s)				•••••				☐ All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Ful	l Name (La	st name fi	rst, if indiv	ridual)									
Bus	siness or Re	esidence A	ddress (Nu	ımber and	Street, Ci	ty, State, Z	ip Code)						
Naı	me of Assoc	ciated Bro	ker or Dea	ler									
Sto	tes in Whic	h Dorson I	isted Use	Saliaitad (ar Intondo	to Calinit I)ahaaara						
	ies in winc ieck "All St												☐ All States
([AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]
Ful	l Name (La	st name fir	rst, if indiv	ridual)									
Bus	siness or Re	esidence A	ddress (Nu	ımber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of Asso	ciated Bro	ker or Dea	ler									
Sta	tes in Whic	h Person I	Listed Has	Solicited of	or Intends	to Solicit I	Purchasers	 					
	neck "All St												☐ All States
*	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already so "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indic columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 500,000,000	\$ 25,000,000
	☐ Common ☐ Preferred		<u></u>
	Convertible Securities (including warrants)	\$0	\$ 0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify:)	\$ 0	\$ 0
	Total	\$ 500,000,000	\$ 25,000,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the meteors who have purchased securities and the aggregate dollar amount of their purchase on the to Enter "0" if answer is "none" or "zero."	ımber of	
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 25,000,000
	Non-accredited Investors	0	\$ 0
	Total (for filings under 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under rule 504 or 505, enter the information requested for all securiby the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering		Dollar Amount
		Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the sec in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, fan estimate and check the box to the left of the estimate.	mation	
	Transfer Agent's Fees	🗅	\$
	Printing and Engraving Costs	🗖	\$
	Legal Fees		\$ 20,000
	Accounting Fees		\$ 20,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 40,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer	\$ <u>24</u>	,960,0	00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.			
		Payments to		
		Officers, Directors, &		Dormonta to
		Affiliates		Payments to Other
	Salaries and fees	\$ 249,600	П	\$
	Purchase of real estate			\$
	Purchase, rental or leasing and installation of machinery and equipment			\$
	Construction or leasing of plant buildings and facilities			\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or			
	securities of another issuer pursuant to a merger)		_ 🗆	
	Repayment of indebtedness		_	\$
	Working capital		_	\$
			∠⊠	\$ 24,710,400
	Column Totals	\$ 249,600	- _ ⊠	\$ 24,710,400
	Total Payments Listed (column totals added)	⊠ \$_	24,960	,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) BLACK DIAMOND CONVERTIBLE II LTD.	Signature	Date June 19, 2002			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Clint D. Carlson	Director				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violation. (See 18 U.S.C. 1001.)